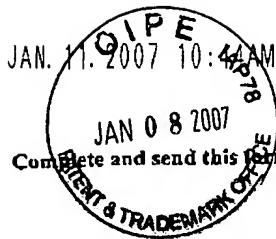


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NO. 006 P. 1



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590 12/22/2006  
**HEWLETT-PACKARD COMPANY**  
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Alba P. Escobar (Depositor's name)  
 (Signature)  
 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10767151	01/29/2004	Parvathi Chundi	01/09/2007 10990670-2 BESHAR2 00000013 002025	4632 10767151

TITLE OF INVENTION: DOCUMENT CLUSTERING METHOD AND SYSTEM

01 FC:1501 1400.00 DA  
 02 FC:1504 308.00 DA

APPIN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/22/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
BLACKWELL, JAMES H	2176	715-500000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/147: Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
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(A) NAME OF ASSIGNEE:

Hewlett-Packard Development Company, L.P.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Houston, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment to Deposit Account Number 08-2025 (enclose an extra copy of this form).

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Lloyd E. Dakin

Date Jan 05, 2006

Typed or printed name

Registration No. 38,423

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PTOL-85 (Rev. 07-06) Approved for use through 04/30/2007.

OMB 0651-0033

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